FIG. 1

210 — Generate a consent agreement

220 — Generate a health survey form, in response to the end user accepting the terms of the Consent Agreement

230 — Encrypting data entered by the end user in response to the Health Survey form

240 — Transmit data to the server via the network

250 — Decrypt the data received at the server

260 — Store the decrypted data in a first memory device associated with the server

270 — Process the decrypted data retrieved from the first memory device

280 — Encrypt the processed data

290 — Replace the decrypted data in the first memory device with the encrypted processed data

300 — Transmit the encrypted processed data from the server to the central office

310 — Store the encrypted processed data in a second memory device associated with the central office

320 — Retrieve and decrypt the data in the second memory device in response to a request from an authorized personnel
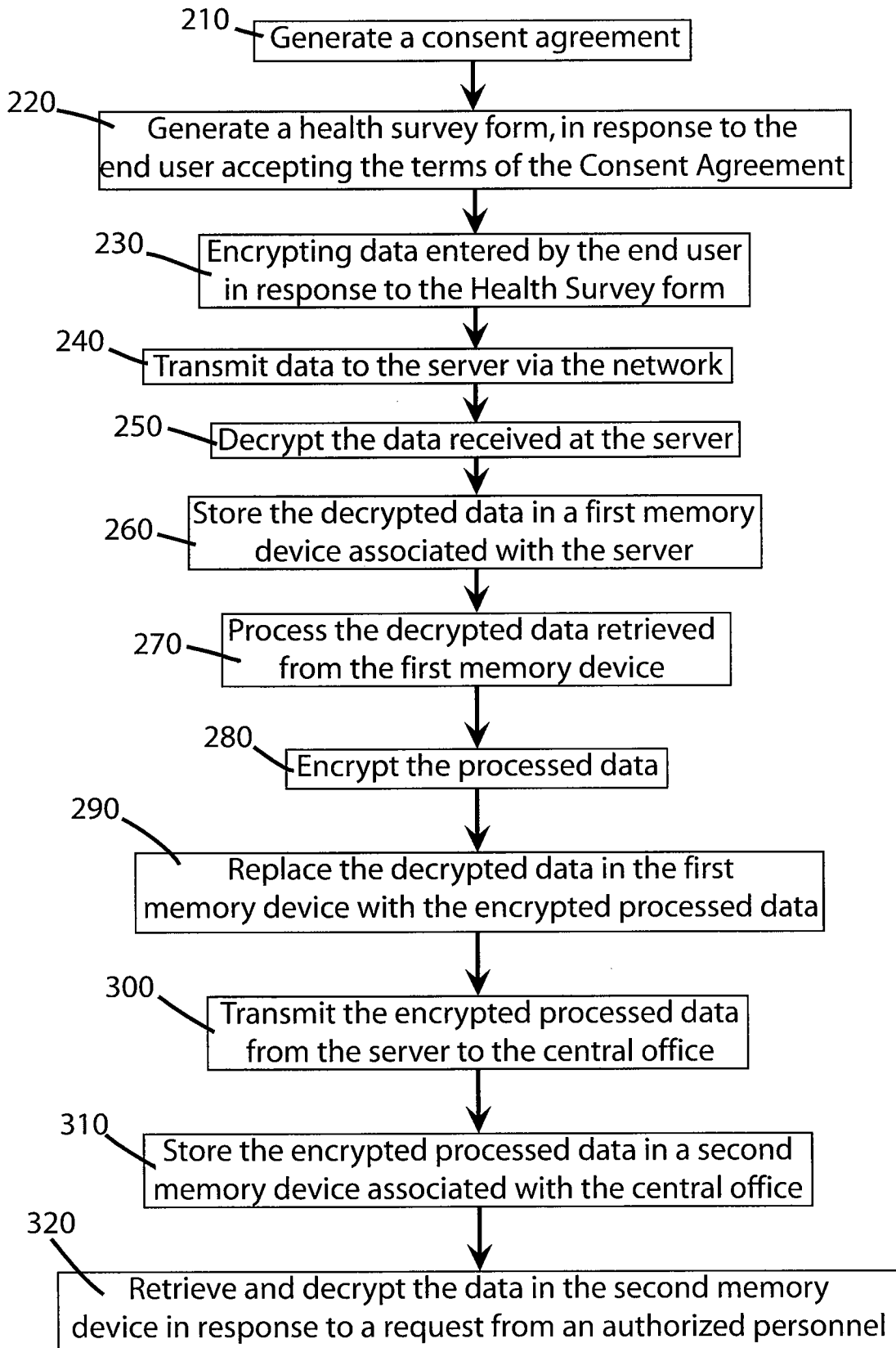
FIG. 2

Health Survey

1. How old are you? ☐ years old

2. Please enter your sex:

   ○ I am male
   ○ I am female

3. How would you characterize you health?

   ○ excellent
   ○ good
   ○ fair
   ○ poor

4. How long do you think you have been infected?
(Note: The Health Survey focuses on people who
are HIV-postive.)

   ○ less than one year
   ○ one to two years
   ○ two to four years
   ○ four to six years
   ○ six to eight years
   ○ more than 11 years
   ○ I don't know

5. Would you be willing to particpate as a subject
in a medical research project?

   ○ yes
   ○ no

6. what was your last viral load count?

☐

   ○ I don't know

FIG. 3A

7. What was your last T-Cell count?

○ under 100

○ 100 to 200

○ 200 to 300

○ 300 to 400

○ 400 to 500

○ 500 to 600

○ over 600

○ I don't know

8. Which HIV antiviral medications are you
currently taking? Select as many as apply:

☐ 3TC (Lamivudine)

☐ Abacavir (Ziagen, formerly 1592U89)

☐ Ampernavir (Agenerase)

☐ AZT (Zidovudine, ZDV)

☐ Combivir (AZT plus 3TC)

☐ d4t (Stavudine)

☐ ddC (Hivid)

☐ ddI (Didanosine)

☐ Delavirdine (Rescriptor)

☐ Efavirenz (Sustiva, formerly DMP-266)

☐ Loviride

☐ Nevirapine (Vramune)

☐ Indinavir (Crixivan, MK-639)

☐ Nelfinavir (Viracept)

☐ Ritonavir (Norvir)

☐ Saquinavir (Invirase, Fortovase)

☐ Other anti-HIV medications (please specify; note
    that more medications are listed in Question 10)

☐ I don't know

☐ I am currently not taking any medications

FIG. 3B

9. Which HIV antiviral medications have you taken in the past? Select as many as apply:

☐ 3TC (Lamivudine)
☐ Abacavir (Ziagen, formerly 1592U89)
☐ Ampernavir (Agenerase)
☐ AZT (Zidovudine, ZDV)
☐ Combivir (AZT plus 3TC)
☐ d4t (Stavudine)
☐ ddC (Hivid)
☐ ddI (Didanosine)
☐ Delavirdine (Rescriptor)
☐ Efavirenz (Sustiva, formerly DMP-266)
☐ Loviride
☐ Nevirapine (Viramune)
☐ Indinavir (Crixivan, MK-639)
☐ Nelfinavir (Viracept)
☐ Ritonavir (Norvir)
☐ Saquinavir (Invirase, Fortovase)
☐ Other (please specify)

☐ I don't know
☐ I have never taken any medications for HIV

FIG. 3C

FIG. 3D

10. Which HIV antiviral medications have you
taken in the past? Select as many as apply:
☐ Acyclovir (Zovirax)
☐ Adefovir (Preveon)
☐ Amphotericin B (Fungizone)
☐ Atovaquone (Mepron)
☐ Azithromycin (Zithromax)
☐ Bactrim (TMP/SMX)
☐ Cidofovir (Vistide)
☐ Ciprofloxacin(Cipro)
☐ Clarithromycin (Biaxin)
☐ Clindamycin (Cleocin)
☐ Clofazimine (Lamprene)
☐ Cycloserine (Seromycin)
☐ Dapsone
☐ Emivirine (MKC-442)
☐ Ethambutol
☐ Fluconazole (Diflucan)
☐ Flucytosine (Ancobon)
☐ Fomivirsen (ISIS 2922)
☐ Foscarnet (Foscavir)
☐ Ganciclovir (Cytovene)
☐ Inderal
☐ Isoniazid
☐ Itraconazole (Sporanox)
☐ Leucovorin
☐ Pentamidine (aerosolized)
☐ Prozac
☐ Pyrazinamide
☐ Pyrimethamine (Daraprim, Fansidar)
☐ Rifabuttin (Mycobutin)
☐ Rifampin (Rifadin)
☐ Rimantadine
☐ Sparfloxacin
☐ Sulfadiazine
   Other (please list all other medications you are
   taking)

☐ I am not taking any additional medications

11: Have you ever been diagnosed with any of the
following infections or complictions? Select as
many as apply:

☐ Anemia
☐ Cancer
☐ Candidiasis
☐ Cryptococcosis
☐ Cryptosporidiosis
☐ Cytomegalovirus (CMV)
☐ Hepatitis
☐ Herpes
☐ Kaposi's Sarcoma (KS)
☐ Microsporidiosis
☐ Mycobacterium Avium Complex (MAC)
☐ Neuropathy
☐ AIDS Dementia
☐ PML (Progressive Multifocal Leuloencephalopathy)
☐ Other Neurological/Neurocognitive Complications
☐ Non-Hodgkins Lymphoma
☐ Oral and Esophageal Thrush
☐ Pneumocystis Carinii Pneumonia (PCP)
☐ Sinusitis
☐ Toxoplasmosis
☐ Turberculosis
☐ Wasting
☐ Other (please specify)

☐ I have never been diagnosed with any infection or
complication of HIV

FIG. 3E

FIG. 3F

12. Can we contact you by e-mail about participating in a clinical research project?

○ No
○ Yes

If yes, please provide you e-mail address:

[   ]

13. May we phone you? (Note: To be contacted to Participate, you must provide an e-mail address or phone number)

○ No
○ Yes

If yes, please provide you phone number:
area code [   ] number [   ]

14. Please provide you name and place of residence>

Last name:
[   ]

First name:
[   ]

Place of residence:

City [   ] State [▼] Zip Code [   ]

15. In order for us to identify you properly, please give us you brithdate:
Month [   ] Day [   ] Year: [   ]

Thank you for taking the time to take this survey. Please note that no one will contact you unless or until there is an appropriate request from a lab or researcher.

[Submit]

FIG. 4

Please fill in the following form if you'd like to
remove your name from our list of volunteers.
Please be as accurate as possible so that we will be
able to locate you orginal submission.

[_____] First name

[_____] Last name

Birthdate:

Month:[_____] Day: [_____]   Year: [_____]

[Submit]